**New Student Member Scholarship Application Form**

*Due October 31, 2017*

The Augusta Chapter of UAPRN of Georgia is pleased to offer a 1-year membership to two aspiring advanced practice registered nurses (or advanced practice registered nurses continuing their education in a doctoral program) to advance our profession and encourage chapter membership. Applicants need to be current students in any phase of education (new student, graduating student, or current APRN in a doctoral program).

***United Advanced Practice Registered Nurses***

UAPRN is a non-profit organization dedicated to improving access to healthcare for the citizens of Georgia. We support the advancement of the APRN role by addressing and promoting legislative and practice issues.

***Mission***

UAPRN of GA represents all APRNs (Advanced Practice Registered Nurses) in its promotion of APRN issues relating to legislative and practice areas and to support the advancement of the APRN role.

***UAPRN is organized for the following purposes.***

* To become a collective voice for all APRNs in Georgia
* To educate the public regarding advanced nursing practice
* To address legislative and political issues related to health care and barriers to advanced nursing practice in Georgia
* To advocate for and provide accessible, quality health care for all Georgians
* To promote collaboration and unification of all APRNs in Georgia
* To provide professional role identification and mentorship to nursing colleagues, students, and new APRNs
* To promote, support and perform nursing research that includes practice, management, and legislative issues

Applicants must submit a completed New Member Scholarship Application by the deadline, Oct. 31, 2017. Submit completed applications to Jane Garvin, PhD, APRN, FNP-BC at [bgarvin@augusta.edu](mailto:bgarvin@augusta.edu). Questions should be sent to [bgarvin@augusta.edu](mailto:bgarvin@augusta.edu).

**The Augusta Chapter United Advanced Practice Registered Nurses of Georgia**

**New Member Scholarship Application**

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| --- | --- | --- | --- |
| **I. Personal Information** | | | |
| Name: | | | |
| Home Address: | | | |
| City: | State: | | Zip: |
| Telephone: | | | |
| GA Nursing License #: | | # of UAPRN Meetings Attended in the Last Year: | |
| University Email: | | | |
| Personal E-mail: | | | |

|  |  |
| --- | --- |
| **II. Current Advanced Practice Education** | |
| University: | University Location: |
| Type of APRN or doctoral Program: | Are You In Good Standing With the Program? |
| Semester Hours Completed in This Program of Study: | |
| Program Director’s Name: | Program Director’s Telephone #: |
| Program Director’s Email: | Expected Date of Graduation: |

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| --- | --- |
| **III. Additional Information – Initial All That Apply** | |
| [ ] I agree that with the Scholarship I will participate on a committee of The Augusta Chapter of UAPRN. | |
| [ ] I agree to be photographed and to write a testimonial about the benefit I received from the Scholarship for publication on the Chapter website and to provide a summary briefing on the experience at a Chapter or student meeting -- to promote the profession and the Chapter. | |
| [ ] I attached my CV or resume to this application. | |
| [ ] I attached an essay (less than 500 words) of why I am interested in becoming a member. | |
| [ ] The signed sponsor request verification form is attached. | |
| [ ] I give permission to the Scholarship Committee to inquire further and to verify all information in this application and in the sponsor request verification form. | |
| **IV. Applicant Signature** | |
| Applicant Signature: | Date: |

**The Augusta Chapter United Advanced Practice Registered Nurses of Georgia**

**Sponsor Request Verification Form**

Sponsor influence is the key to success! The Augusta Chapter of UAPRN encourages applicants to have a sponsor who is actively engaged with chapter, state, or national governance of UAPRN.

**Applicant Instructions:**

Complete the Applicant’s Information section and forward it to the person from whom you are seeking sponsorship from.

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| --- |
| **Applicant’s Information** |
| Name: |
| APRN Program: |
| University: |
| The Sponsor is my: (How do you know the sponsor?) |

**Sponsor’s Instructions:**

The applicant named above is applying for a NEW MEMBER SCHOLARSHIP to The Augusta Chapter of UAPRN. If selected, the scholarship will provide one year’s membership to The Augusta Chapter of UAPRN.

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| --- | --- | --- | --- |
| **Sponsor’s Information** | | | |
| Name: | | | |
| Title/Position: | Telephone #: | | |
| Employer: | Email: | | |
| **Verification** | | |
| A sponsor shall serve as a mentor during the first year of the applicant’s membership to The Augusta Chapter UAPRN and will encourage engagement. | | |
| Initial [ ] I have read and agree to the conditions stipulated on this **Sponsor Request Verification** form. | | |
| **Signature** | | |
| Sponsor’s Signature: | | Date: |

**Return the completed SPONSOR REQUEST FORM to the applicant named at the top of this form so that it may be submitted with the application by Oct. 31, 2017**. Send questions to [bgarvin@augusta.edu](mailto:bgarvin@augusta.edu).